

IN THE UNITED STATES DISTRICT COURT FOR THE

SHEROD HASTINGS MAIR II-05299000)
(full name) (Register No.)

WINSTON BROWN-02124084)

Plaintiff(s).

Case No. 16-3446-CV-S-MDH-P

DR. ROBERT SARRAZAN

(Full name)

Dr. Rice

Defendant(s).

Defendants are sued in their (check one):

Individual Capacity

Official Capacity

xxx Both

COMPLAINT PURSUANT TO 28 U.S.C. § 1331

I. Place of present confinement of plaintiff(s): USP ALLENWOOD

P.O. BOX 3000

white deer P.A. 17887

II. Parties to this civil action:

Please give your commitment name and any another name(s) you have used while incarcerated.

AKA GENERAL AKA MALEKE

A. Plaintiff SHEROD HASTINGS MAIR II Register No. 05299-000

Address USP ALLENWOOD P.O.BOX 3000 WHITE DEER P.A. 17887

B. Defendant DR. ROBERT SARRAZAN

ADDRESS, MEDICAL CENTER FOR FEDERAL PRISONERS P.O.BOX 4000 springfield,
Is employed as CORRUPT DOCTOR MO.65801-4000

AND DR. RICE - CORRUPT DOCTOR

For additional plaintiffs or defendants, provide above information in same format on a separate page.

- III. Do your claims involve medical treatment? Yes ☒ No ☐
- IV. Do you request a jury trial? Yes ☒ No ☐
- V. Do you request money damages? Yes ☒ No ☐
State the amount claimed? \$1 MIL./1MIL. (actual/punitive)

VI. Are the wrongs alleged in your complaint continuing to occur? Yes ☒ No ☐

VII. Grievance procedures:

A. Does your institution have an administrative or grievance procedure?

Yes ☒ No ☐

B. Have the claims in this case been presented through an administrative or grievance procedure within the institution?

Yes ☒ No ☐

C. If a grievance was filed, state the date your claims were presented, how they were presented, and the result of that procedure. (Attach a copy of the final result.)

I HAVE FILED A GRIEVANCE BUT OFFICER MRS. WILLIAMS THREW AWAY MY LETTERS TO THE REGION AND CENTRAL. SHE ALSO TORE UP MY PAPERS IN FRONT OF ME, ON CAMERA. SHE DOES THIS TO EVERYONE.

D. If you have not filed a grievance, state the reasons.

I HAVE NOT STARTED THE PROCESS OVER BECAUSE I AM AT ANOTHER FACILITY. SO PLEASE TELL ME IF I NEED TO START THE WHOLE PROCESS OVER.

VIII. Previous civil actions:

1. A. Have you begun other cases in state or federal courts dealing with the same facts involved in this case? Yes ☐ No ☒

B. Have you begun other cases in state or federal courts relating to the conditions of or treatment while incarcerated? Yes ☐ No ☒

C. If your answer is "yes," to either of the above questions, provide the following information for each case.

(1) Style: _____
(Plaintiff) (Defendant)

(2) Date filed: _____

(3) Court where filed: _____

(4) Case Number and citation: _____

(5) Basic claim made: _____

(6) Date of disposition: _____

(7) Disposition: _____
(Pending) (on appeal) (resolved)

(8) If resolved, state whether for:

(Plaintiff) or (defendant)

For additional cases, provide the above information in the same format on a separate page.

IX. Statement of claim:

- A. State here as briefly as possible the facts of your claim. Describe how each named defendant is involved. Include the names of other persons involved, dates and places. Describe specifically the injuries incurred. Do not give legal arguments or cite cases or statutes. You may do that in Item "B" below. If you allege related claims, number and set forth each claim in a separate paragraph. Use as much space as you need to state the facts. Attach extra sheets, if necessary. Unrelated separate claims should be raised in a separate civil action.

1) DR. ROBERT SARRAZIN CAUSED ME EMOTIONAL DISTRESS BY RAISING MY MEDICATION TO A TOXIC LEVEL WITHOUT TELLING ME. 2) ECONOMICAL LOSS, THIS FALSE CHARGE KEPT ME FROM SUPPORTING MY FAMILY. (NOTE: THIS STARTED IN MARCH 2015) 3) MALICE AND WILLFUL MISCONDUCT. I WAS TOLD BY DR. ELISIBETH WIENER THAT "WE DOCTORS ARE EXPERIMENTING ON ALL OF YOU. WE HAVE TO." 4) STRESS YOU PUT ON MY FAMILY, BECAUSE I AM AN INNOCENT MAN.

- B. State briefly your legal theory or cite appropriate authority:

MEDICAL MALPRACTICE, STEELE V. CHOI, FAILED TO TREAT PROPERLY PRISONERS ILLNESS - HERL V. GAMBLE ; DUNN V. MARTIN ; HUTCHINSON V. UNITED STATES -, GRAVES V. HAMPTON.

Relief: State briefly exactly what you want the court to do for you. Make no legal arguments.

I WANT \$500,000.00 (FIVE HUNDRED THOUSAND DOLLARS) IN DAMAGES FROM DR. SARRAZIN IN MONTHLY PAYMENTS. OF \$10,000 a MONTH. THANK YOU!

X. Counsel:

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name.

B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action? Yes ☐ No ☒

If so, state the names(s) and address(es) of each lawyer contacted.

C. Have you previously had a lawyer representing you in a civil action in this court?

Yes ☐ No ☒

If so, state the lawyers name and address.

I declare under penalty of perjury that the foregoing is true and correct.

Executed (signed) this 12 day of OCTOBER 2016

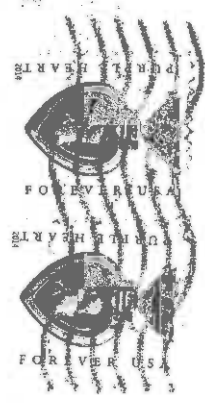
(Signatures of Plaintiff(s))

INMATE NAME/NUMBER: M.A. / 25299-222
FEDERAL CORRECTION COMPLEX-ALLENWOOD 2450
P.O. BOX 3222
WHITE DEER, PA 17887

2016 OCT 24 AM 6:55

HARRISBURG PA 171

24 OCT 2016 PM 11



REC'D OCT 26 2016

United States Courthouse
222 North John Q. Hammond Parkway
RM 1400
Springfield MO. 65806-2515

65806-255950



Legal Mail